

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: _____		2 Serial/Patent # <u>10/518709</u>						
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED					
<input checked="" type="checkbox"/>	Filing		\$ <u>50</u>					
<input type="checkbox"/>	Amendment		\$					
<input type="checkbox"/>	Extension of Time		\$					
<input type="checkbox"/>	Notice of Appeal/Appeal		\$					
<input type="checkbox"/>	Petition		\$					
<input type="checkbox"/>	Issue		\$					
<input type="checkbox"/>	Cert of Correction/Terminal Disc.		\$					
<input type="checkbox"/>	Maintenance		\$					
<input type="checkbox"/>	Assignment		\$					
<input type="checkbox"/>	Other		\$					
		7 TOTAL AMOUNT OF REFUND \$						
10 REASON:		8 TO BE REFUNDED BY:						
		<input type="checkbox"/> Treasury Check						
		<input checked="" type="checkbox"/> Credit Deposit A/C #:						
		9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"> <tr> <td>2</td><td>2</td><td>--</td><td>0</td><td>1</td><td>8</td><td>5</td> </tr> </table>		2	2	--	0	1
2	2	--	0	1	8	5		
<input checked="" type="checkbox"/>	Overpayment							
<input type="checkbox"/>	Duplicate Payment							
<input type="checkbox"/>	No Fee Due (Explanation):							
11 REFUND REQUESTED BY:								
TYPED/PRINTED NAME: <u>John Anderson</u>		TITLE: <u>Paralegal Specialist</u>						
SIGNATURE: <u>[Signature]</u>		PHONE: <u>308-9140 ext 24</u>						
OFFICE: <u>PCT DO/EO</u>								

THIS SPACE RESERVED FOR FINANCE USE ONLY:								
APPROVED: _____		DATE: _____						

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: